

**BUREAU OF ADMINISTRATION**

OFFICE OF HEARING EXAMINERS  
523 EAST CAPITOL AVE.  
PIERRE, SD 57501-5070  
PH 605.773.6811  
FAX 605.773.6818



March 29, 2022

MR. DAVID SCHIED  
PO BOX 321  
SPEARFISH SD 57783

RE: Request for Review of Denial of Public Records

Dear Mr. Schied:

I have received from the Department of Social Services, Office of Administrative Hearings, an e-mail you sent on March 17, 2022. Within that e-mail are your requests for review of denial of public records. These requests for review were not sent to this office by either Certified or Registered mail. This office does not have legal jurisdiction over the request unless it is sent to this Office by Certified or Registered Mail. No decision may be made without jurisdiction. This is a statutory requirement under SDCL 1-27-38 (set out below).

If you would like this office to take jurisdiction, please resend it by Certified or Registered Mail. Please see the pertinent statute as set out in full, below. I've enclosed a form that you may fill out to more succinctly state your claims, or if you may send a request in another format that contains the required information. There seems to be two separate requests, one for the Department of Social Services and one for the Department of Human Services. Please fill out a separate form for each Department. Each Department's response to your requests will be reviewed separately.

More information regarding this process can be found as <https://boa.sd.gov/ohe/default.aspx> .

Sincerely,

A handwritten signature in blue ink that reads 'Catherine Williamson'.

Catherine Williamson  
Chief Hearing Examiner

Enc. (1)

CC: Department of Social Services, Office of the Secretary  
Department of Human Services, Office of the Secretary

**STATE OF SOUTH DAKOTA**  
**OFFICE OF HEARING EXAMINERS**  
523 EAST CAPITOL AVENUE  
FOSS BUILDING  
PIERRE, SD 57501

RETURN SERVICE REQUESTED

PRESORTED  
FIRST CLASS



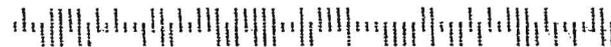
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MR. DAVID SCHIED  
PO BOX 321  
SPEARFISH SD 57783

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1-27-38. If a public record officer denies a written request in whole or in part, or if the requestor objects to the public record officer's estimate of fees or time to respond to the request, a requestor may within ninety days of the denial commence a civil action by summons or, in the alternative, file a written notice of review with the Office of Hearing Examiners. The notice of review shall be mailed, via registered or certified mail, to the Office of Hearing Examiners and shall contain:

- (1) The name, address, and telephone number of the requestor;
- (2) The name and business address of the public record officer denying the request;
- (3) The name and business address of the agency, political subdivision, municipal corporation, or other entity from which the request has been denied;
- (4) A copy of the written request;
- (5) A copy of any denial or response from the public record officer; and
- (6) Any other information relevant to the request that the requestor desires to be considered.

**NOTICE OF REVIEW  
REQUEST FOR DISCLOSURE OF PUBLIC RECORDS**

Date of Request: \_\_\_\_\_  
Name of Requestor: \_\_\_\_\_  
Address of Requestor: \_\_\_\_\_  
Telephone Number of Requestor: \_\_\_\_\_

Type of Review Being Sought:  
 Request for Specific Record  
 Estimate of Fees  
 Estimate of Time to Respond  
Short Explanation of Review Being Sought Including Specific Records Requested:  
\_\_\_\_\_  
\_\_\_\_\_

Name of Public Record Officer: \_\_\_\_\_  
Address of Public Record Officer: \_\_\_\_\_  
Name of Governmental Entity: \_\_\_\_\_  
Address of Governmental Entity: \_\_\_\_\_

*You must include with the submission of this Notice of Review - Request for Disclosure of Public Records form the following information: (1) A copy of your written request to the public record officer; (2) A copy of the public record officer's denial or response to your written request, if any; and (3) Any other information relevant to the request that you want to be considered.*

*I hereby certify that the above information is true and correct to the best of my knowledge.*

***Signature of Requestor:***

*The Notice of Review - Request for Disclosure of Public Records form shall be completed and submitted, via registered or certified mail, return receipt, to the following address:*

Office of Hearing Examiners  
523 E. Capitol Avenue  
Pierre, South Dakota 57501  
605-773-6811

**NOTICE OF REVIEW  
REQUEST FOR DISCLOSURE OF PUBLIC RECORDS**

Date of Request: \_\_\_\_\_  
Name of Requestor: \_\_\_\_\_  
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Short Explanation of Review Being Sought Including Specific Records Requested:  
\_\_\_\_\_  
\_\_\_\_\_

Name of Public Record Officer: \_\_\_\_\_  
Address of Public Record Officer: \_\_\_\_\_  
Name of Governmental Entity: \_\_\_\_\_  
Address of Governmental Entity: \_\_\_\_\_

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